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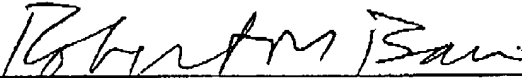
## FACSIMILE TRANSMITTAL COVER SHEET

DATE: 03/28/2005 ATTORNEY DOCKET NUMBER: MS#183303.01 (4965)  
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Belix M. Ortiz  
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## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to  
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Signature03/28/2005  
DateType of paper transmitted: Request for Continued Examination  
TransmittalApplicant's Name: Adam E. C. YehSerial No. (Control No.): 10/050,663 Examiner: OrtizFiling Date: 01/16/02 Art Unit: 2164 Confirmation No.: 6055Application Title: SUMMARY-DETAIL CUBE ARCHITECTURE USING  
HORIZONTAL PARTITIONING OF DIMENSIONS.IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 28 2005

Application of Adam E. C. Yeh

Art Unit 2164

Serial No. 10/050,663

Filed 01/16/2002

Confirmation No. 6055

For SUMMARY-DETAIL CUBE ARCHITECTURE USING HORIZONTAL PARTITIONING  
OF DIMENSIONS

Examiner Belix M. Ortiz

March 28, 2005

**REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL**COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the  
above-identified application.

**1. REQUIRED SUBMISSION:**

- a. ☒ Previously submitted
- i. ☒ Consider the Amendment B under 37 C.F.R. §1.116 previously  
filed on February 14, 2005
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief  
previously filed on \_\_\_\_\_
- iii. ☒ Other: 131 Declaration; Exhibit A to 131 Declaration
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other \_\_\_\_\_

**2. MISCELLANEOUS**

- a. ☐ Suspension of action on the above-identified application is requested under 37  
C.F.R. §1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall  
not exceed 3 months; fee required)
- b. ☐ Other \_\_\_\_\_

MS#183303.01 (4965)  
PATENT

3. FEES (Required when the RCE is filed)

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-1345. A duplicate copy of this sheet is enclosed for fee processing.

- i. ☒ RCE fee required under 37 C.F.R. §1.17(e) \$790.00
- ii. ☒ Extension of time fee \$120.00
- iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$\_\_\_\_\_ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



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RMB/ATY/cjl